

A SUCCESSFUL NEW APPROACH TO MENIERE'S DISEASE

– *The John of Ohio Meniere's Regimen* –

Updated – June 2014

NOTE: Changes in this version of the regimen, compared to previous ones, include removal of references to Vertigoheel and Cocculus Compositum, which are no longer available in the US.

Course of the Disease. A diagnosis of Meniere's disease is not promising. Meniere's won't directly kill you, but it is likely to make your life miserable in ways that few other diseases can. For some, conventional medical treatments will adequately moderate the symptoms. But for many, the disease progresses to continuing dizziness, episodes of profound vertigo, brain fog, tinnitus, and lastly, loss of hearing.

Conventional medical treatments for Meniere's are often disappointing or altogether ineffective. The standard initial treatment of dietary salt restriction and diuretics works for some, perhaps even many. But too often, Meniere's victims must eventually confront their progressing predicament. The additional medical treatments of the disease aren't hopeful. They include chemical destruction of inner ear tissues, difficult surgeries, use of sedatives, and a number of other extreme approaches, most of which are merely palliative. If any of these had high rates of success, tens of thousands with Meniere's wouldn't be chronic sufferers.

In summary, conventional medicine in most cases has not been able to effectively treat or cure Meniere's disease. It is almost universally regarded as idiopathic, meaning that its cause is unknown. Diseases of unknown causes don't lend themselves to easy treatment. Meniere's is a medical conundrum for doctors and patients alike. For those who have experienced it, it's a frustrating, disabling, disheartening condition of complex symptoms and results. Initially, there may be only mild and infrequent dizziness, along with some ear fullness. But as the disease so often progresses, things can grow ever worse. It's something you could wish only upon your worst enemies.

My Experiences

Meniere's first struck me in 1995. It progressed to where I could barely function professionally. Consequently, I researched every treatment I could find, including approaches used in Europe and Russia. I discovered that foreign medicine approached the disease very differently from American physicians, and that some of these treatments gave more relief. I refused to accept the American dogma that Meniere's treatments could be only palliative (merely suppressing some symptoms), or that I'd have to "learn to live with it."

I'm pleased to report that what I came up with, for me, completely extinguished all my Meniere's symptoms, allowing me to return to a normal life. The disease took the hearing of my left ear, but I am now, for over a decade since devising and using this regimen, otherwise "normal." Was this merely a common period of remission, or did my Meniere's regimen actually work for others? Several years ago I had earlier versions of the regimen posted on Internet websites where others could intelligently try it.

Results of Others

After a decade of symptom-free normal life, there is little chance that my loss of Meniere's symptoms was only a "remission." And I have now recorded 170 individual reports from other users of the regimen, and over 80% (86%, in fact) describe personal successes. I am therefore

confident that my Meniere's regimen is something that should be carefully considered by anyone with this disease.

Here are three representative email excerpts from users of the regimen:

I have been taking your protocol for Meniere's for about 10 days now and I have magnificent things to report. Prior to the use of Vertigoheel [no longer available], the lemon bioflavonoids, and vinpocetine I had continuous pressure, about 90% hearing loss, and experienced vertigo attacks 3 times a week. Nothing provided relief from the dizziness or vertigo. Now the pressure is virtually eliminated, the vertigo attacks have stopped, the dizziness which affected me in between attacks is gone, and my hearing has improved to about 50%.

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I am very happy to report that I am completely vertigo free at this point and that the fullness in my affected ear is now about 90% reduced.

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I started on your regimen 4.5 weeks ago, and aside from a mild dizzy spell at the beginning, I haven't had a full blown attack! My brain fog has cleared, I am able to think clearly again, in short you have through your regimen, given me back my life prior to MM.

* * * * *

For most, the regimen works. *But not every user gains desired relief.* That can't be denied in any way. There can be no assurance that it will work for any particular person. But because so many have reported positive results, I offer the details of the regimen below.

Regimen Not From a Medical Professional

Please understand that I am a biologist, not a medical professional of any kind. The information I offer here is for general consideration, not a specific recommendation for the treatment of any disease. Those who elect to undertake this Meniere's regimen are advised to first gain the approval of their personal medical professional. Most importantly, do not substitute any portion of this regimen for anything prescribed or recommended by a physician or other medical professional. Do not stop taking any prescribed drugs or stop any recommended diet without the prior professional advice of your physician.

The Theoretical Background

The several potential causes of Meniere's disease are not yet generally recognized. But my research, particularly of European medical literature, reveals several important theoretical considerations for treatment efficacy. European physicians have a very different understanding of, and approach to, Meniere's. Their findings bear strongly on the principles of my regimen.

Viral Inflammation. The first principle involves the most likely involvement of viruses as a root cause of Meniere's Disease (hereafter referred to as MM, *Morbus Meniere*, the Latin designation of the disease). European studies, and now American ones, too, have shown an almost universal presence of various herpes viruses in postmortem examinations of the inner ears of MM victims. The fact that MM is so often confined (initially at least) to one ear may be a result of locally-infected inner ear tissues. Several herpes viruses are known to show this pattern of tissue and organ localization.

MM symptoms typically come and go, in varying severities, at varying periods. Periods of remission often spontaneously appear, followed by resumption of symptoms. This is exactly how many herpes virus infections occur, as with cold sores caused by herpes viruses.

Consequently, I presume that the cause of most MM cases is a viral infection of inner ear tissues that causes inflammation that then reduces circulation. The blood vessels in the inner ear are extremely small under normal conditions, and viral inflammation may reduce their effectiveness. Inflammation and reduced circulation results in the core hydrops (fluid accumulation) condition that leads to all sorts of inner ear abnormalities associated with MM. Suppression of the causative virus was a goal of the regimen.

Ischemia. The second principle is that much of the distress of Meniere's disease is a result of restricted circulation through the inner ear. Several somewhat successful European MM treatments involve vasodilating compounds. Increased circulation through the inner ear can greatly reduce or eliminate MM symptoms. Increased inner ear blood flow was a goal of the regimen.

Allergens. Another related cause of MM symptoms is allergies. A number of MM sufferers have discovered that the elimination of gluten (a wheat protein) from their diets reduced or eliminated MM. Other allergens probably also cause some MM cases. MM may commonly result from the combined factors of both herpes viruses and food or environmental allergens.

Regimen Not Recognized by Standard Medicine

Most general practitioners or otolaryngologists are likely to dismiss this regimen for several legitimate reasons. First, it was devised by a non-medical ("lay") person with no specific training in any related field. Secondly, the results are purely "anecdotal," merely the accounts of other laymen who might have had a strong desire for something, in desperation, to work; a "placebo" effect, well known in medicine, where a person "gets better" merely on the belief that some treatment has caused good results—even though the treatment was only sugar pills.

The medical community is unlikely to endorse this regimen because it has not originated in one of the few, recognized sources for "proper" medical information. Physicians, for a number of reasons, including American tort law, professional competition, and sometimes even professional arrogance, accept medical information from only limited sources, none of which yet endorse this MM regimen.

"Proper" medical information typically derives from only certain sources. First, if it was taught by a professor in medical school, or appeared in a medical text book (regardless of its age), it is accepted as medical fact. Secondly, if information appears in a recognized medical research journal, it's "fact." Thirdly, if a drug company representative presents medical research data authenticating a drug or treatment, it is accepted. Lastly, information presented by medical professionals at conferences and post-graduate seminars are accepted.

My regimen falls in none of these. Many professionals will label it as pure quackery. Others will say that it is simply unsupported by clinical trials or results, or that MM simply doesn't have any known cures or effective treatments, so this regimen is not likely to be different from the many previously unsuccessful approaches. The personally-expressed positive results of people who have tried the regimen are not considered useful by conventional medicine.

MM sufferers who are convinced that successful treatment can come only from current medical science should proceed no further here. Concentrate your energies in searching for some new practitioner who has some treatment better than the last one. Eventually you will discover, as ENTs already know, that there just isn't much that can be conventionally done for MM other than to advise the patient to "learn to live with it." Low salt and diuretics, of course, offer some relief that should not be neglected if prescribed. But if what conventional medicine offered had any real success, there would be no need for either this posting, nor the hundreds of others by MM sufferers. This regimen is for those who wish to take some personal control of their condition.

Regimen is Multi-faceted

The regimen is based on the precept that any single substance, by itself, is not likely to bring much relief. Only a broad, multi-targeted approach works, the concept of synergy, where many small elements work together for a greater total result. MM has seldom responded well to single-approach treatments.

Therefore, my regimen advises the daily ingestion of a number of substances, each of which has by itself limited effectiveness. But when added together, the results can be very good. Each individual component causes only a moderate improvement, which by itself brings little discernible relief. But taken together, very good results can be had by many.

The Regimen's Components

Lysine. Let's start. The first and probably most important part of the regimen is the daily taking of adequate and properly-spaced doses of the common amino acid l-lysine. Lysine is a component of most dietary proteins and is a common and safe dietary substance. The body cannot make lysine but it is required to synthesize almost all proteins.

There is now copious evidence, both from medical studies and patient anecdotes, substantiated by a number of Meniere's physicians that use them, that specific drugs that suppress herpes viruses can bring substantial, even complete relief from MM symptoms. Acyclovir and other antiherpetic (herpes-suppressing) drugs are now being prescribed by an expanding number of physicians in the treatment of Meniere's disease. I would strongly suggest that you ask your physician to prescribe an antiherpetic drug for your MM symptoms. Such drugs can be effectively taken along with all of the components of the regimen being described in this document. Antiherpetic drug therapy is entirely complementary with the components of this regimen.

(Information on antiherpetic Meniere's therapy is posted here:
<http://menieres.org/talk/index.php?topic=14.0>)

Lysine competes for arginine uptake in replicating herpes viruses. By substituting for arginine, lysine disrupts viral replication and activity, suppressing the herpes infection. It can therefore reduce Meniere's symptoms and reduce or eliminate the chance of the disease moving to the second ear (going bilateral).

Lemon Bioflavonoid Tablets. The lemon exocarp (the rind) has a high concentration of a bioflavonoid known to chemists as eriocitrin (formerly called eriodictyol). Eriocitrin is found in low concentrations in a number of plant foods, but effective amounts only in lemon rinds.

Eriocitrin has been shown to dilate (widen) both capillaries and small arteries, allowing increased blood flow. It also increases capillary permeability, allowing chemicals to diffuse through the capillary wall. This property may account for eriocitrin's reduction of MM hydrops or fluid accumulation in the inner ear.

Note that only an authentic lemon bioflavonoid works for MM. There are hundreds of bioflavonoid chemicals, and a number of "citrus" bioflavonoid tablets are sold. None of these are likely to have the same good effect as real lemon bioflavonoid. Use only an authentic lemon bioflavonoid, not any generic "citrus" bioflavonoid or other bioflavonoid.

Vinpocetine. The third most-important substance in my regimen is a plant-derived chemical from Europe known as vinpocetine (vinn-POH-seh-teen). It is extracted from the *Vinca minor* plant and in many parts of Europe it is a drug of choice for MM. It is sold over the counter in the US. Russian astronauts use it to combat vertigo. It is known to increase circulation through small blood vessels. After extended usage (several weeks or months) it often reduces or even eliminates tinnitus.

For many, vinpocetine reduces or eliminates the "brain fog" so common to Meniere's Disease. Brain fog relief may require up to 30mgs each day.

Ginkgo Extract. Also used in Europe for MM is ginkgo extract, an herbal compound from the *Ginkgo biloba* tree. It also is known to increase circulation through capillaries and small blood vessels. It probably also increases vascular permeability.

Sustained-release Vitamin C. The next substance is a particular sort of vitamin C, a timed release form of this essential vitamin. In larger amounts, vitamin C is quickly removed from the body and excreted. A timed release form maintains adequate concentrations of vitamin C in the blood for extended periods of time.

The vitamin C is included because it is known to support immune system control of herpes and other viruses.

Mixed Tocopherols Vitamin E. Next, I recommend the daily ingestion of a good form of vitamin E, the "*d-alpha*" form, along with other, mixed tocopherols. Do not bother with the commonly available, cheaper, and much less effective *dl-alpha* tocopherol. Consume only the *d-* forms, not the *dl-* ones.

Vitamin E is naturally found in four forms, *d-alpha* tocopherol, *d-beta* tocopherol, *d-gamma* tocopherol, and *d-delta* tocopherol. The mixed tocopherol vitamin E listed for this regimen includes all of the natural forms. Like vitamin C, vitamin E supports a strong immune system and promotes viral suppression.

Vitamin E (in the *d-*, not *dl-* forms) also has been shown to improve vascular health—along with a number of other good nutritional benefits. Vitamin E is much more effective when used along with vitamin C. The two vitamins work synergistically.

MSM. The regimen also uses methylsulfonylmethane, “MSM.” MSM has been shown to increase healing of injured tissues and also to reduce allergic responses. Some MM symptoms involve allergic reactions and MSM can moderate or eliminate them. MSM may also increase vascular health.

In review, my MM treatment regimen involves these components: 1) l-lysine, 2) lemon (not “citrus”) bioflavonoids, 3) vinpocetine, 4) *Ginkgo biloba* extract, 5) sustained-release vitamin C, 6) mixed *d-form* tocopherols, “natural” vitamin E, and 7) MSM (methylsulfonylmethane).

Regimen Component Details

1. L-Lysine.

VitaCost, 1-800-381-0759, Product No. NSI 3002122

<http://www.vitacost.com/NSI-L-Lysine>

Purpose: Reduce or stop the replication of herpes viruses that may be a cause of many Meniere’s cases, and to prevent the disease from affecting a second ear.

Active Ingredients: The amino acid l-lysine.

Known Side Effects: In the dosages recommended here, there are none.

Dosage: It is important to consume enough lysine to stop or slow herpes virus replication. It appears that for herpes zoster (shingles) and herpes simplex (cold sores, *et al.*) infections, up to 3000 mgs of lysine must be taken each day for control. A similar dosage would be advised for Meniere’s cases.

Therefore, until Meniere’s symptoms significantly subside, take two 500 mg capsules three times a day, without food. Take at least 20 minutes before eating. If taken with food, lysine is not effective against herpes viruses. Two 500 mg capsules taken immediately upon arising, at least 20 min. before breakfast is a good daily start. Then, in mid-afternoon, at least 2 hr after lunch, take another pair of 500 mg capsules. Finally, just before retiring, at least 2 hr after supper, take a final pair of capsules.

Therapeutic results usually don’t appear quickly. It can take up to four, five, or even six months before the virus becomes suppressed and symptoms begin to subside. Be diligent and patient. When Meniere’s symptoms enduringly subside for several months, take 1000 mg maintenance dose each day for several weeks or several months. Finally, take a single 500 mg capsule as an enduring maintenance dose.

At the first sign of returning symptoms, go immediately to 3000 mg again.

For some, it has taken 5000 mg of lysine through the day to bring relief.

Approximate Cost: 3.6 cents per capsule, about 22 cents per day (at six 500 mg capsules). 300 capsules for \$10.99 plus shipping.

2. Lemon Bioflavonoid.

Nutrition Express, “Lindberg Lemon Bioflavonoid Complex” 1-800-338-7979,

www.nutritionexpress.com,

Item No: 98-343-250

<http://www.nutritionexpress.com/best+sellers/best+vitamins+minerals/vitamin+c/lindberg+lemon+bioflavonoid+complex+700+mg+250+tablets.aspx>

Another product, "Nature's Life Lemon Bioflavonoid" can be ordered from Vitacost, Item # NLE 7001558
<http://www.vitacost.com/natures-life-lemon-bioflavonoids-1000-mg-250-tablets-1>
(800) 381-0759

(Other vendors also sell the product.) But a number of users of the regimen have reported better results with the Nutrition Express product above.

Purpose: To dilate inner ear blood vessels and increase blood flow. To increase membrane and capillary permeability to reduce fluid accumulation.

Active Ingredients: These products contain lemon bioflavonoid, which is known to dilate capillaries and increase capillary permeability.

Known Side Effects: None are known. Lemon bioflavonoid is made from lemon rinds, which are found or used in a number of foods.

Dosage: Generally, one or two tablets each day, one in the morning, one in the evening. Or, two together in the morning. After relief is gained, or if two tablets cause any sort of discomfort, a single daily tablet may be sufficient. Effective dosage for each individual is unknown. One tablet is probably sufficient for most. A half tablet may also bring relief. Be prepared to experiment.

Approximate Cost: 18 cents (max) per day. 250 tablets for \$22.99 plus shipping.

3. Vinpocetine.

VitaCost, 1-800-381-0759, Product No. NSI 3005864 <http://www.vitacost.com/NSI-BioVinca-Vinpocetine>

Purpose: Vinpocetine increases blood flow. Vinpocetine is also known to reduce or eliminate tinnitus, although this usually occurs only after prolonged periods (four or more months).

Active Ingredients: An extract from the *Vinca minor* plant.

Known Side Effects: For most, none. But rarely, mild tachycardia (increased heart beat) or other similar effects are encountered. Consequently, it would be advisable to start with only single, 10mg doses for a week or so, and to simply stop taking the compound if any undesirable side effects are noted. It is generally well tolerated.

Dosage: At first, for a week or so, a single 10mg tablet each morning. Then after a week or so (if no side effects are encountered), a second tablet mid-day or evening. Dosages up to 30mgs (3 tablets/day) are commonly suggested by various vendors of vinpocetine. Most people have no side effects whatsoever. Be sure to consume vinpocetine with a meal. *If taken without food, it is poorly absorbed and offers little help.*

Approximate Cost: less than 30 cents (max) per day. 240 tablets for \$18.99 plus shipping

4. Ginkgo biloba Extract.

VitaCost, 1-800-381-0759, Product No. NSI 3004393
<http://www.vitacost.com/NSI-Ginkgo-Biloba-Extract-120-mg-300-Capsules>

Purpose: Increase circulation through inner ear.

Active Ingredients: An extract of the leaf of the *Ginkgo biloba* tree.

Known Side Effects: Ginkgo extract is known to reduce blood clotting, so it should not be taken with any prescribed anticoagulant such as Coumadin (warfarin). One should also stop taking ginkgo 10 days before elective surgery. If one notices hematuria (blood in urine) discontinue the ginkgo extract. If hematuria then persists, consult a physician.

Dosage: One capsule in the morning.

Approximate Cost: 5 cents per day. 300 capsules for \$14.75 plus shipping.

5. Sustained Release Vitamin C.

VitaCost. 1-800-381-0759, Product No. NSI 3003334

<http://www.vitacost.com/NSI-Vitamin-C-1000-Complex-Sustained-Release-Tablets>

Purpose: Increases blood vessel permeability, motility of red blood cells; supports immune system and helps suppress viruses.

Active Ingredients: The vitamin C of this product is sustained release, to even out concentrations in the blood during the day.

Known Side Effects: Unlike straight vitamin C (ascorbic acid), these sustained release forms cause no stomach upset.

Dosage: One tablet in the morning, another later in evening, or one with breakfast and a second one with supper.

Approximate Cost: 13 cents per day. 300 tablets for \$18.93 plus shipping.

6. Vitamin E.

VitaCost. 1-800-381-0759, Product No. VCT 7018901

<http://www.vitacost.com/vitacost-vitamin-e-400-iu-with-mixed-tocopherols-400-iu-250-softgels-1>

Purpose: Increases blood vessel health, permeability, supports the immune system, works with vitamin C.

Active Ingredients: This vitamin E contains the much more beneficial *d-alpha* form (as opposed to the *dl-form*). Perhaps even more importantly, it also contains *d-beta*, *d-gamma*, and *d-delta* forms of vitamin E. New research indicates that these are very helpful.

Known Side Effects: None. But there is some evidence that vitamin E can moderately reduce blood clotting, so stop taking it 10 days before any elective surgery.

Dosage: One softgel per day.

Approximate Cost: 11 cents per day, 250 softgels for \$24.79 plus shipping.

7. Methylsufonylmethane (MSM).

VitaCost. 1-800-381-0759, Product Number NSI 3001774

<http://www.vitacost.com/NSI-MSM>

Purpose: Restore tissue health (permeability) in the inner ear, reduce allergic reactions.

Active Ingredients: Methylsufonylmethane, "MSM."

Known Side Effects: None.

Dosage: One or two per day. Can be taken at once, or spread out over two meals. Take with food.

Approximate Cost: 19 to 28 cents per day, 240 capsules for \$12.49 plus shipping.

Do not confuse the lemon bioflavonoid of this regimen with a commercial proprietary product known as Lipo-Flavonoid® or Lipo-Flavonoid Plus®, advertised products of Numark Laboratories, Inc. These products apparently contain lemon bioflavonoid, along with several other ingredients. My ENT had me try a course of it at the beginning of my disease, but it offered no relief in my case. I make no other statement of efficacy concerning it. Just be aware that the term "Lipoflavonoid" refers to this specific commercial product. "Bioflavonoids" are a large, general class of chemicals found in many plants. Don't confuse the terms or products.

Daily Cost of the Regimen

The complete regimen costs about \$1.27 per day. But if really pressed for funds, start with only the first three components. These are the most important ones. I think that the entire regimen offers the highest chance of success, but I've ranked the components in the list above in order of apparent importance.

Starting the Regimen

I recommend that anyone undertaking this regimen (after the approval of their health care professional) begin slowly. Don't start taking everything at once. For the first week, take only the lysine. Then, the next week, the lemon bioflavonoid. If one's particular system simply doesn't "like" lysine or lemon bioflavonoid (unlikely), this can be easily determined and dosages reduced or even stopped.

Then, in the second week, continue by adding the vinpocetine, watching for any disagreeable results. Continue by adding a new component each week or so. In this manner you can eliminate any particular component for which your system disagrees. Undesirable effects are unlikely, but they can happen. With one component added at a time, you can know for sure which should be deleted. Continue to add a new component each week. Continue to take all that cause no problems. Discard anything that causes upset stomach or other discomfort. Again, this is unlikely, but should be watched for.

To take all nine components at once at the beginning may be too much. I note, however, that some have done this with no problems whatsoever and have gone on to great relief from their MM symptoms. Let caution be your guide. Again, all of these products are over-the-counter and therefore pose no significant risk.

Period Before Relief

Virtually no one who has undertaken this regimen has found relief from Meniere's quickly. A few have noticed a reduction in symptoms in just a few days, with complete or substantial relief after a few weeks. But don't expect an instant or overnight result.

For many, relief becomes complete after a few weeks or a month or so, with no further MM symptoms. Dizziness disappears, tinnitus becomes greatly reduced or absent altogether. In cases where the disease has not been prolonged, hearing often returns to nearly normal levels (if inner ear hair cells have not been permanently damaged by prolonged exposure to the disease—that occurred in my left ear, sadly). For others, relief may not be so complete, although any reduction in the frequency and severity of MM is welcome. But for some, this regimen will have no positive cumulative result, particularly in cases caused by nerve anomalies, or if the disease has been present for decades. If no relief is experienced after six months or so, I doubt this regimen will be useful. (For those who get no relief, read and consider the other alternative MM treatments in the "Other MM Approaches" section below.)

Several people have reported that they got little or no relief after two or three months and were ready to give up on the whole thing. But they decided to just continue to take things until they ran

out. After a lengthy period of no results, relief finally came. So be patient. Relief sometimes doesn't appear until sometime into the fourth, fifth, or sixth month—or even later.

Even if the regimen were to be effective for only half of those who try it, it is worth a trial. It is less expensive than surgeries (which sometime bring no lasting relief), and it appears to be at least as effective as other modern treatments. If MM is caused by a herpes virus, the l-lysine may suppress re-occurrences of the disease and prevent future problems.

Also, understand that tinnitus, the disconcerting noises in the ear so often a part of the Meniere's experience, is the last symptom to begin to subside. For many on the regimen, tinnitus can persist for many months after all other symptoms are mild or extinguished. Tinnitus can be a tough symptom to overcome.

Length and Course of Treatment

Lastly, it will be important to continue on the regimen forever. The regimen is by no means a cure. Whatever causes MM is likely to remain, and as a number of users have discovered, to go off the regimen after any relief is to invite the disease right back, perhaps in a more severe form that this regimen can't address. A number of regimen users have gained wonderful relief after a few months. Symptoms first slowly started to subside, then disappeared altogether. With this relief the users went off the regimen, feeling that they had been permanently cured of the disease. Unfortunately, in every reported case, the disease came right back as soon as the regimen was discarded. And fortunately, in most cases, symptomatic relief returned when the regimen was resumed.

Initial Distress. A good number of regimen users have reported that instead of getting even, progressive relief, the regimen actually caused symptoms to become more severe for a period, usually for several weeks at or near the start. Because of this, a few prematurely decided to stop taking the regimen, believing that it was actually causing more problems than it was solving. For a time, for a few weeks or less, this was actually true. But those who persisted through the initial increased symptoms actually came to welcome relief a bit later.

It appears that when things start to get worse when taking the regimen, it indicates that it is actually starting to suppress the causative virus and restoring proper circulation and reducing inflammation in the inner ear. In every case where this initial distress was reported, and the regimen user continued with it, very thorough or complete relief eventually occurred. Again, be persistent and patient.

Salt and Alcoholic Beverages. When symptoms are under enduring control, after a lengthy period of relief—say six months or so—one could gently return to the use of salt in the diet and resume judicious consumption of alcoholic beverages. But do this in a slow, incremental manner, to see if the regimen has been effective. If not, return to a low-salt diet and avoidance of alcoholic beverages. For most, the regimen allows an eventual return to a normal diet.

Taking the Regimen Conveniently

The easiest way to take the regimen's materials each day is to purchase three 7-day pill dispensing containers, available at all drug stores and department stores that sell vitamins and minerals. This way, the pill containers can be filled just once a week. Instead of pulling out some bottles and unscrewing caps, just flip the cap on the day's pills in the dispenser and take that day's pills at the right time (one dispenser for each pill time).

Who Benefits

The vendors of the products I have recommended have no arrangements whatsoever with me and I receive no fees, commissions, or any other awards. I merely share with other MM sufferers what has worked for me, and now, for many others. I receive nothing remunerative in return from anyone.

Informing Your Doctor

I recommend that before beginning the regimen, let your physician review it, even though these are over the counter substances. Do not, however, merely dump a copy of this posting in his lap at an appointment and expect his favorable consideration. His time is too valuable. Arrange to have a copy delivered to his office at least several days before your appointment, with a note asking him to review the material before your appointment.

And again, don't be discouraged if he castigates either the regimen itself, or you or me for even suggesting it. Some very fine physicians are unwilling to see Meniere's Disease in any new light. Others are willing to try new approaches. If your physician is negative about the regimen, ask him which components he thinks might be harmful and should be avoided, and for which reasons. His ignorance of the metabolic or physiologic effects of bioflavonoids or vinpocetine doesn't, by itself, mean that the components are inherently dangerous.

Use of the Regimen with Other Therapies

There are no indications, whatsoever, that any of the components of the regimen interfere with or otherwise cause any problems when used along side conventional Meniere's treatments, including low-salt/diuretic, Valium, antiherpetics (acyclovir, others), Serc (betahistine) or the others in the section below.

If such treatments are being used, regimen users are advised to consult with their medical practitioners regarding concomitant use of the regimen and prescribed medical therapies, although most physicians will be unfamiliar with the components of the regimen, either as to function or safety.

Other MM Approaches

Do not presume that this approach to MM is the only one that can work. I make no such claim. MM sufferers need to be open to all progressive MM developments. It's not just low salt and diuretics anymore. Strongly consider the regimen described here. But other approaches have shown promise and results, too, especially prescription antiherpetic drugs such as acyclovir.

Acyclovir. The use of acyclovir, (or other similar antiherpetics)—a prescription drug that fights herpes infections—has been very successful for many. Dosage must be appropriately strong for acyclovir to work, and like my regimen and everything else with this disease, acyclovir doesn't work for everyone.

The details of effective antiherpetic treatment of Meniere's are too detailed to go into here. To be effective, antiherpetic drugs must be taken for sufficient duration, in sufficient dosages. Because antiherpetic therapy for Meniere's is not yet well known or recognized, many otherwise

competent physicians will be unfamiliar with the usefulness of acyclovir and other similar drugs in fighting Meniere's. Many will instantly dismiss these agents as useless against this disease. But in the last several years a number of very significant journal articles and studies have appeared, showing welcome efficacy against Meniere's.

Note that the lysine of the regimen works in the manner of the prescription antiherpetics, by keeping herpes viruses from replicating. But it appears that acyclovir and the others can more quickly suppress herpes viruses. Lysine can take months before the viruses are suppressed. Acyclovir seems to be able to do this often in just a few weeks.

Importantly, few physicians will prescribe antiherpetics long-term. Even though they can stop an existing herpes infection in the period of prescription (if it's long enough), the virus is still present and can in the future resume activity. It would therefore be very helpful to continue with a chronic maintenance dose of lysine. A daily dose of 500 mgs (after Meniere's symptoms are suppressed for a good period, at least several months) can keep the virus from resuming its infectious activity. If you are prescribed acyclovir or other antiherpetic for Meniere's, confer with the prescribing physician about a continuing maintenance dose of lysine. That, of course, presumes that the physician is familiar with lysine's herpes-suppressing function. Many physicians have no experience or knowledge of this, unfortunately.

For those interested in including antiherpetic therapy in their fight against Meniere's, here is a transcribed PDF of an important Japanese study: <http://rlovell.tripod.com/Acyclovir.pdf>. Here is an abstract of an American medical study showing a 91% control of vertigo in Meniere's patients using antiherpetics: <http://content.karger.com/produktedb/produkte.asp?doi=189783>. Here is a compilation of many important papers on antiherpetics and Meniere's. This could be given to a physician unfamiliar with these recent publications: http://www.papadisc.com/Menieres_Etiology_Viral.pdf.

One important point about all antiherpetics, including lysine. It appears that when acyclovir is prescribed, or non-prescription lysine is consumed to fight Meniere's, neither appear to work quickly or completely against Meniere's symptoms when the virus is still in a dormant state. These agents seem to work best when a herpes infection in the inner ear is fully active and replicating. Herpes viruses are famous, however, for spontaneously going into frequent, even lengthy periods of non-activity, thereby accounting for the great fluctuations in Meniere's symptoms. Lysine and acyclovir seem to work best when the virus is fully active. Consequently, these agents may have to be taken for some time before the viruses become suppressed when they are relatively inactive. Lengthy dosage periods are sometime required.

Useful antiherpetic information can be found here:

<http://www.menieres.org/forum/index.php/topic,22821.msg403200.html#msg403200>

Serc. In Canada and Europe, administration of betahistine hydrochloride, known as the product Serc, is a common MM treatment of choice. Betahistine is a vasodilator (like lemon bioflavonoid). Dosages must be carefully adjusted to be effective. The drug is not yet recognized for general sale by the FDA in the US, but compounding pharmacists can make and sell it with a prescription.

Gluten Avoidance. A number of people have gained levels of relief from avoiding gluten in their diets, as mentioned above. General information is here: <http://www.celiac.com/>

Valium. The use of the sedative Valium is now commonly a part of many conventional MM therapies. Valium does reduce the severity of the brain's confused reactions to aberrant signals received from a diseased ear. But it is only palliative (suppresses symptoms, not root causes). As a psychoactive drug, it can have a number of side effects.

NUCCA Therapy. An increasing number of Meniere's sufferers have gained levels of relief from properly-trained chiropractors familiar with this disease and the involvement of misaligned cervical vertebrae. A great deal of information on this approach can be found here:

<http://www.menieres.org/forum/index.php/topic,3080.0.html>

High Dose Vitamin C Therapy. With this, users will consume several grams (1000 mgs = 1 g) of vitamin C, ascorbic acid, in divided doses throughout the day, increasing the grams of vitamin C until "bowel tolerance" has been reached, when diarrhea begins. At that point, the dosage is cut back until the diarrhea stops. This can result in the taking of anywhere from 5 to 15 grams or more of vitamin C.

This treatment for Meniere's is still in its infancy, but *many who have tried it gained symptomatic relief after no other previous treatments worked.* Detailed information is here:

<http://menieres.org/talk/index.php?topic=62.0>

Meniett Device. The Meniett Device has rendered degrees of relief for many who have used it. But it does not address any underlying cause of the disease. And the device is not inexpensive.

Chemical Labyrinthectomies, Surgeries. For advanced, recalcitrant MM cases, physicians may recommend chemical destruction of portions of the inner ear with certain antibiotics, including gentamicin. Also, a number of surgical procedures are commonly used in advanced MM cases. But before these expensive and irreversible procedures are tried, sufficient trials of the regimen described in this paper, use of antiherpetics, diet changes (gluten allergies and others), and other approaches should be undertaken. Chemical labyrinthectomies and inner ear surgeries should be considered measures of last resort.

Similar or Confusing Conditions

Readers should be aware of symptoms and conditions that are very similar to authentic Meniere's Disease, but do not respond to many, or any, of the Meniere's therapies listed above. Two of these are as follows.

Migraine Associated Vertigo (MAV). MAV is often very similar to and often mis-diagnosed as Meniere's. The general symptoms of each condition can be very similar—and it's possible to have both diseases at the same time. According to an MAV website (<http://www.mvertigo.org>), the disease is described as follows:

Sufferers often describe chronic dizziness and dysequilibrium in the form of a "rocking" sensation when still, recurrent episodes of rotational vertigo, chronic daily headaches, migraine headaches, light sensitivity, poor visual acuity and other changes in vision, visual "snow", nausea and severe motion intolerance. Many of these symptoms cannot be objectively observed or tested for, so physical and neurological examinations (including neuroimaging) are often completely

normal. Patients generally do not have all of these symptoms—in fact those with chronic dizziness have quite often not experienced acute rotational vertigo or even a migraine headache.

A more specific listing of MAV signs and symptoms will not be given here. A check of the website above, and others that an Internet search engine would turn up will be helpful. The important point with MAV is that the Meniere's regimen described here will not necessarily bring relief from MAV.

Benign Paroxysmal Positional Vertigo (BPPV). BPPV is probably more common than Meniere's Disease. It occurs more often in older people, and can be as debilitating as Meniere's. A complete description and listing of BPPV symptoms is found here:
http://en.wikipedia.org/wiki/Benign_paroxysmal_positional_vertigo

Fortunately, BPPV can usually be effectively treated by the Epley Maneuver, a series of head positions that reposition tiny, loose "ear stones" (otoliths) that have become dislodged and thereby send erroneous balance signals to the brain. The Epley Maneuver is described here:
http://en.wikipedia.org/wiki/Epley_maneuver

As with MAV, the regimen described in this document is not of much help with BPPV, except that there is now some evidence that many cases of BPPV have active herpes infections in the inner ear that have allowed the otoliths to become loose. Therefore, the lysine of the regimen might be a useful supplement to consider, along with the Epley Maneuver.

Final Thoughts

In short, conventional medical approaches beyond the usual low salt diet and diuretics may entail significant costs. Therefore, it would be reasonable to at least consider a course on this regimen before embarking on surgeries or chemical labyrinthectomies. Everything about this disease is a considered gamble or risk. A trial of this regimen may be something you might want to consider before taking up any of the other, much more expensive approaches.

This is a matter to be decided by you and your physician, of course. I have reported here what has continued to work so well for me for over 10 years, and now also for dozens of others who have reported their results. Perhaps hundreds of others have also gained relief without posting or reporting their welcome outcomes. I hope this information is useful and offers hope.

So that others might intelligently consider it, users of the regimen are strongly encouraged to post their results, positive or negative, on the Meniere's Talk Forum, at
<http://menieres.org/talk/index.php?board=2.0>

–John of Ohio
meniere95@aol.com